



Docket No. 0341/75692/JPW/AHC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Andrea Larsen
 Serial No. : 10/566,347 Examiner: Lynne Anderson
 Filed : January 26, 2006 Group Art Unit: 3761
 For : HYGIENIC MEANS

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 30, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	13 -	* 20 =	*** 0 X	\$26	\$52	=	0
Independent Claims	1 -	** 3 =	*** 0 X	\$110	\$220	=	0
Multiple Dependent Claim(s) Presented For First Time	Yes <input checked="" type="checkbox"/> No			\$195	\$390	=	0
				TOTAL ADDITIONAL FEE			
						\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
 Other (identify):

THE TOTAL FEE DUE IS \$ 0. .

A check in the amount of \$ is enclosed.
 Please charge Deposit Account No. in the amount of
\$.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White 11/20/09

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